



Town of Felton

P.O. Box 329
Felton, DE 19943

Phone 302-284-9365
Fax 302-284-3449

rgreene@townoffelton.com

Contractors License Application

This application must be completed and turned into Town Hall located at 24 E. Sewell Street. ***A copy of your Delaware Business License and Liability Insurance must accompany this application.***

Company Name: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Phone – Business: _____ Cell: _____ Fax: _____

Email: _____

Contact Person: _____

By signing this form I agree to:

1. Uphold all Felton Ordinances.
2. I do not have any outstanding delinquent debt with the Town.
3. All information on or attached to this application is true and correct to the best of my knowledge. I know that if any false information is on this application I may be subject to criminal proceedings under Title 11, Chapter 5, Subchapter III, Subpart F of the Delaware Code.
4. I understand that my license can be revoked by the Town Manager with just cause.

Signed: _____ Date: _____

Fee of \$100 is due at time of application.

This license is valid from July 1, 2011 to June 30, 2012.

The fee will not be prorated.

Reviewed by: _____ Accepted _____ Denied _____